

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | J. G.    | 8      | 1/3/00   |
| O.I.P.E. CLASSIFIER       |          |        | 01-11-00 |
| FORMALITY REVIEW          |          |        |          |
| RESPONSE FORMALITY REVIEW |          | 6-4694 | 2-4      |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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